



COMPLAINT FORM UNDER OPSEU HARASSMENT AND DISCRIMINATION PREVENTION POLICY

Please fill out each section of the complaint form with the help of the "Guide to the Complaint Process" and your advisor. Please ensure that you **sign** and **date** each page.

Note: *Pages 1 and 8 (Contact Information on pg.1; the list of Witnesses and list of Documents on pg. 8) are kept confidential and are not sent to the respondent.*

For further information, please contact the **OPSEU Equity Unit** at 100 Lesmill Rd., Toronto, ON. M3B 3P8; 416-443-8888 ext. 8790 or Toll free: 1-800-268-7376. TTY: 1-800-663-1070.

Confidential Hotline number: 416-443-8888 ext. 8778
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A. Contact Information

A1. Complainant's Name: _____

Street Name _____ Street # _____

City/Town _____ Province _____

Postal Code _____ Email _____

Daytime Phone _____ Cell Phone _____

TTY _____

A.2. What is the best way to send information to you?

- phone
- mail
- e-mail (you agree to delivery of documents by e-mail)

Signature: _____ Date: _____

B. Questions about the Respondent

B1. Respondent's Name: _____

B2. (a) Is the respondent an elected OPSEU official?

Yes

No

If Yes,

(b) What is the respondent's title and region? _____

C. Questions about additional Respondents

C1. (a) Are there any additional respondents you are naming in your complaint?

Yes

No

If Yes,

(b) What are the additional Respondent's name(s) and address(es)?

Respondent	Contact Information
1.	
2.	

C2. (a) Are any of the additional respondent(s) elected OPSEU officials?

Yes

No

If Yes,

(b) What is their title and region? _____

Signature: _____ Date: _____

D. Questions about affected parties

Please complete this section if you believe another person/organization should be named as an affected party to the complaint and/or given notice (an affected party refers to corporate OPSEU and/or a person, organization and/or association that may be affected by the complaint and/or response).

D.1. (a) What person/organization should be named as an affected party? _____

(b) Please describe why you believe the person/organization should be named as an affected party or given notice (please use additional paper if required): _____

E. Questions about complaining to someone in authority

Complete this section only if you complained to someone in authority.

E1. (a) To whom did you complain? _____

(b) What was the outcome of the complaint? _____

F. Questions about policies and practices

Complete this section only if your complaint is about a practice or policy.

F1. (a) What is the practice or policy? _____

(b) Please tell us how the impact of the practice or policy is discriminatory (if using additional pages, please number each page): _____

Signature: _____ Date: _____

G. Questions about discrimination under the prohibited grounds

G1. On what grounds did the discrimination happen?

(please check all boxes that apply to your complaint)

- Race, colour, ancestry, place or origin, citizenship and/or ethnic origin
- Disability
- Sexual Orientation
- Age
- Creed (e.g. faith, religion, system of beliefs)
- Sex, pregnancy and gender identity
- Sexual solicitation/advance or reprisal for refusing sexual solicitation/advance
- Family status and marital status
- Receipt of public assistance

G2. Please describe how you self-identify in terms of the ground(s) you selected:

(Please indicate the specific disability, or the identity of the group to which you belong e.g. female, Asian) _____

G3. Explain why you believe you were discriminated on the basis of one (or more) of the above grounds.

Please be as specific as possible (e.g. the date the incident(s) happened, who was involved, what happened, how the incidents relate to the grounds you selected). Please do not include the names of witnesses in the body of this complaint form. (If using additional paper, please number each page):

Signature: _____ Date: _____

H. Questions about accommodation needs

Complete this section only if you require accommodation related to a specific ground (e.g. accommodation of a disability; accommodation of a religious need; accommodation of needs related to your family status)

H1. Please describe your specific accommodation needs: _____

H2. Did you ask the respondent to meet your needs?

Yes

No

If Yes,

H3. Please describe what you asked the respondent(s) to do: _____

H4. Did the respondent try to meet your needs?

Yes

No

Don't know

If Yes,

H5. (a) Please describe what the respondent did to meet your needs: _____

(b) Please describe why you believe the respondent(s) efforts to meet your needs were not enough: _____

Signature: _____ Date: _____

I. Questions about discrimination on the basis of association

Complete this section only if you believe you were discriminated against because the respondent associated you with a person who is a member of a group identified with one of the above ground(s).

11. Please explain how you were discriminated against because of association (if using additional paper, please number each page):

J. Questions about reprisal

Complete this section only if you believe that the respondent has done something to punish you for exercising your rights under the Policy.

J1. Please check all boxes that apply to you:

- I claimed or enforced my rights under the Policy
- I refused to infringe another person's rights under the Policy
- I took part in another complaint, mediation, investigation and/or hearing under the Policy

J2. Please explain how you were reprised:

Signature: _____ Date: _____

K. Questions about breach of settlement

Complete this section only if you have previously settled a complaint under the Policy and you believe the respondent has not complied with the terms of settlement. Please include a copy of the signed and dated minutes of settlement.

K1. Please explain how the respondent breached the terms of settlement:

L. Remedies

L.1. Please describe what remedies you are seeking in order to resolve this complaint (please use additional paper if required):

M. Mediation

M.1. Do you agree to participate in mediation of the complaint?

Yes

No

Signature: _____ Date: _____

N. Documents that support your complaint

N.1. Please list the **confidential** documents below that are important to your complaint (please include copies of the documents you list):

1.
2.
3.
4.
5.

O. Questions about witnesses

O.1. Please provide a **confidential** list witnesses that are relevant to your complaint:

<i>Witness</i>	<i>Contact Information</i>
1.	
2.	
3.	
4.	
5.	

P. Signature

Complainant's Name: _____

Complainant's Signature: _____

Advisor's Name: _____

Date (dd/mm/yy): _____

Signature: _____ Date: _____